CONFIDENTIAL (DO NOT ATTACH TO	PETITION) GC-314
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
<u> </u>	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
CONSERVATORSHIP OF (Name):	
PROPOSED CONSERVATEE CONFIDENTIAL CONSERVATOR SCREENING FORM	CASE NUMBER:
Conservatorship of Person Estate Limited Conservatorship	OAGE NOWBER.
Each proposed conservator shall submit this screening form with the This form shall remain confidential.	e conservatorship petition.
How This Form Will Be Used	
This form is confidential and will not be a part of the public file in this case. You are required rule 7.1050 of the California Rules of Court. The information you provide will be us agencies designated by the court to assist the court in determining whether to appoint you response to each item.	ed by the court and by the persons and
1. a. Proposed conservator (name):	
b. Date of birth:c. Social security number:	
d. Driver's license number: State:	
e. Telephone numbers: Home: Work:	Other:
a. I am related to the proposed conservatee as (specify relationship): b. I have personally known the proposed conservatee for: years, mont	ths.
3. I was I was not nominated by the proposed conservatee a parent of the proposed conservatee as conservator of the personal (If nominated, provide documentation.)	the spouse of the proposed conservatee on estate.
 4. a.	ge, annulment, or adjudication of nullity of
5. a. I do I do not owe money or have a financial obligation to the propose <i>Attachment 5a.)</i>	ed conservatee. (If you do, explain in
b. The proposed conservatee does does owe money or have a	a financial obligation to me. (If the proposed splain in Attachment 5b.)
c. I am I am not an agent for a creditor of the proposed conservatee. (If you are, explain in Attachment 5c.)
6. I have I have not filed for bankruptcy protection within the last 10 years.	(If you have, explain in Attachment 6.)
7. I have I have not been convicted of a felony or had a felony expunged fi	rom my record. (If you have, explain in

(Continued on reverse)

the taking of property. (If you have, explain in Attachment 8.)

Attachment 7.)

8. I have

I have not

been charged with, arrested for, or convicted of embezzlement, theft, or any other crime involving

CONFIDENTIAL

CONSERVATORSHIP OF (Name):		CASE NUMBER:	
	PROPOSED CONSERVATEE		
9. I have I have not	been charged with, arrested for, or convicted of, a crime involving fraud, conspiracy, or misrepresentation of information. (If you have, explain in Attachment 9.)		
10. I have I have not	been charged with, arrested for, or convicted of any form of elder abuse or neglect. (If you have, explain in Attachment 10.)		
11. I have I have not	had a restraining order or protective order filed against me in the last 10 years. (If you have, explain in Attachment 11.)		
12. I am I am not	required to register as a sex offender under California Penal Code section 290. (If you have, explain in Attachment 12.)		
13. I have I have not	previously been appointed conservator, executor, or fiduciary in another proceeding. (If you have, explain in Attachment 13.)		
14. I have I have not	been removed or asked to resign as a conservator, guardian, executor, or fiduciary in any other case. (If you have, explain in Attachment 14.)		
15. I have or may have I do not have an adverse interest that the court may consider to be a risk to, or to have an effect on, my ability to faithfully perform the duties of conservator. (If you have or may have, explain in Attachment 15.)			
16. Do you or does any other person living in your home have a social worker or parole or probation officer assigned to him or her? Yes No (If yes, explain in Attachment 16 and provide the name and address of each social worker, parole officer, or probation officer.)			
DECLARATION			
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Date:			
	•		
(TYPE OR PRINT NAM	IE) (SIGNA	TURE OF PROPOSED CONSERVATOR*)	

*Each proposed conservator must fill out and file a separate screening form.